

MILPERSMAN 1306-900

ASSIGNMENT OF ENLISTED PERSONNEL TO SPECIAL PROGRAMS

| | | | | |
|-------------------------------|-------------|--------|-----|----------------|
| Responsible Office | NAVPERSCOM | Phone: | DSN | 882-3451 |
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| | |
|-------------------|---------------------|
| References | OPNAVINST 6110.1G |
| | SECNAVINST 5510.30A |

1. **Policy.** To request assignment to a special program, submit a NAVPERS 1306/7 (Rev. 01-03), Enlisted Personnel Action Request to Navy Personnel Command, (NAVPERSCOM) (applicable detailer), via the appropriate chain of command approximately 9-12 months prior to member's Projected Rotation Date (PRD).

a. Applications for non-designated SN/FN/AN should be sent to Enlisted Personnel Management Center, (EPMAC) (EP-47).

b. It is the responsibility of the Commanding Officer (CO), as well as, several other key personnel to ensure all applicants are fully qualified for the specific program.

c. This article provides basic procedures for screening, reporting, and requesting information for transfer to a special program.

(1) Exhibit 1, NAVPERS Rev. 12-03), Special Program Screening Form, will be completed as required.

(2) Exhibit 2, Special Program Suitability/Unsuitability Report, will be submitted for all Special Program applicants once a suitability determination has been made.

(3) Exhibit 3, Special Program Waiver Request, will be utilized when a wavier is warranted.

(4) Exhibit 4, Special Program Screening Deficiency Report will be submitted as required when deficiencies in the screening process are noted.

2. Background

a. In order to provide for the ever increasing complexity of the Navy's mission, it is frequently necessary to establish special programs to perform support functions requiring skills not identified by existing ratings.

b. The following MILPERSMAN articles provide information on specific programs and their additional requirements:

| Topic | See MILPERSMAN |
|---|-------------------|
| Navy Food Management Teams (NFMTs) | 1306-901 |
| Fleet Technical Support Center (FTSC) Program | 1306-902 |
| Physical Security/Law Enforcement Specialist | 1306-903 |
| Brig/Transient Personnel Unit (TPU) Staff | 1306-904 |
| Command Career Counselor Program | 1306-905 |
| Naval Intelligence Support Center | 1306-906 |
| Navy Ceremonial Guard | 1306-907 |
| Enlisted Placement Management Center (EPMAC) Detachment, Transient Monitoring Unit (TMU) | 1306-908 |
| SEAL (Naval Special Warfare) Program | 1306-909 |
| Explosive Ordnance Disposal (EOD) Program | 1306-910 |
| Deep Sea Diver Program | 1306-911 |
| SEABEE Underwater Construction Technician (UCT) Program | 1306-912 |
| Flag Officer Writer and Staff Writer (NEC 2514) | 1306-913 |
| Military Assistance Advisory Groups (MAAGS), North Atlantic Treaty Organization (NATO) Commands, Joint Staffs, Attaché (Embassy) Duty and Similar Activities | 1306-914 |
| Navy Leadership Continuum (NAVLEAD) Instructor | 1306-915 |

| Topic | See MILPERSMAN |
|--|-------------------|
| Navy Drug and Alcohol Counselor and Intern | 1306-916 |
| Navy Equal Opportunity Assistants (EOA) | 1306-917 |
| Naval Support Unit, State Department | 1306-918 |
| Navy Flight Demonstration Squadron (BLUE ANGLES) | 1306-919 |
| USS CONSTITUTION | 1306-920 |
| Personnel Exchange Program (PEP) | 1306-921 |
| Housing Management Teams (HMTs) | 1306-922 |
| Pay and Personnel Administrative Training Team (PPAT) and the Personnel Administrative Training Group (PATG) | 1306-923 |
| Mobile Utilities Support Equipment (MUSE) Program | 1306-924 |
| Senior Enlisted Academies (SEAs) | 1306-925 |
| Joint Staff Duty with Military Entrance Processing Stations (MEPS) | 1306-926 |
| Navy Harbor Pilot Program | 1306-927 |
| Navy Music Program (MU) | 1306-928 |
| Navy Manpower Analysis Center (NAVMAC) | 1306-929 |
| Historic Ship Nautilus (SSN 571) | 1306-930 |
| Navy Absentee Collection and Information Center (NACIC) | 1306-931 |
| Staff Duty with the Broadened Opportunity for Officer Selection and Training (BOOST) Program | 1306-932 |
| Training and Administration of Reserve (TAR) Conversion Program | 1306-933 |
| Nuclear Trained Personnel Assigned to Nuclear Capable Intermediate Maintenance Activities (IMA) | 1306-934 |
| Command Master Chief (CMC) Program | 1306-935 |
| Advancement Examination and Rate Training Manual Writer | 1306-936 |

| Topic | See MILPERSMAN |
|---|-------------------|
| Flag/Staff Duty for Mess Management Specialists | 1306-937 |
| Naval Surface Force, Readiness Support Group Supply Readiness Teams | 1306-938 |
| White House Communications Agency (WHCA) | 1306-939 |
| Naval Reserve Officer Training Corps Training (NROTC) and Support Personnel | 1306-940 |
| Fleet and Family Support Centers (FFSCs) | 1306-941 |
| USS ARIZONA Memorial | 1306-942 |
| Mobile Environmental Teams (METs) | 1306-943 |
| Naval Special Warfare Mobile Communications Teams (MCT) | 1306-944 |
| Flag Officer (Staff) Duty | 1306-945 |
| Navy Tugmaster Program | 1306-946 |
| Fleet Assistance Teams | 1306-947 |
| Fleet Aviation Specialized Operational Training Group (FASOTRAGRU) Atlantic/Pacific Fleet Aviation Maintenance Management Team (AMMT) | 1306-948 |
| Landing Craft, Air Cushion (LCAC) | 1306-949 |
| Marine Helicopter Squadron One (HMX-1) (NIGHTHAWKS) | 1306-950 |
| Assignments Outside the Department of Defense (DoD) | 1306-951 |
| COMLANTFLT Non-Developmental Items (NDI) Staff | 1306-952 |
| Instructor Duty | 1306-953 |
| Recruit Division Commander (RDC) Duty | 1306-954 |
| Survival, Evasion, Resistance, and Escape (SERE) Instructor | 1306-955 |
| Naval Reserve Instructor Duty | 1306-956 |
| Nuclear Propulsion Training Activities | 1306-957 |

| Topic | See MILPERSMAN |
|---|-------------------|
| Academic Remedial Training (ART) Instruction Duty | 1306-958 |
| Afloat Training Groups (ATGs) | 1306-959 |
| Instructor Duty at Field Medical Service School (FLDMEDSERVSCOLs) | 1306-960 |
| Cryptologic Technician Interpreter (CTI) Language Instructor Candidates | 1306-961 |
| Instrumental Instructor Duty at the School of Music | 1306-962 |
| Instructor Duty at Community College of the Air Force (CCAF) | 1306-963 |
| Recruiting Duty | 1306-964 |
| Career Recruiter Force (CRF) | 1306-965 |
| Enlisted Rating Detailer | 1306-966 |
| Navy/Marine Corps Intranet (NMCI) Network Operations Center (NOC) | 1306-967 |
| Camp David (Naval Support Facility, Thurmont, MD) | 1306-968 |
| Mobile Security Detachments (MSDs) | 1306-969 |

3. **Qualifications.** Commands will also ensure the following requirements are met prior to transfer:

a. Members requesting a special program must understand that these programs can not be used to evade normal sea/shore rotation. If member is up for sea duty, the special program will be a sea going program and vice-versa.

b. Member must be released by their rating detailer to qualify for a special program.

c. Individuals selected for special programs are expected to meet or exceed all Navy physical readiness standards in accordance with OPNAVINST 6110.1G.

d. Any person selected for a special program involving the education or orientation of military or civilian personnel shall have been the subject of a favorable National Agency Check (NAC), or Entrance National Agency Check (ENAC). Many special

programs will require a security clearance and member is to acquire the security clearance specified in the program description prior to transfer per SECNAVINST 5510.30A.

e. Individuals qualified for a special program shall have the required obligated service (OBLISERV) to complete the normal tour of duty.

(1) Members who do not have the required OBLISERV must either reenlist or extend prior to transfer.

(2) If a member cannot extend enlistment due to selective reenlistment bonus (SRB) or other rating requirements, which may cause financial loss, submit a waiver.

(3) Careerist with 15 or more years of active service will not be authorized to transfer to the Fleet Reserves prior to completing the minimum tour of duty. A NAVPERS 1070/613 (Rev. 10-81), Administrative Remarks entry shall be made certifying the member both understands and agrees.

(4) Members who are unwilling to incur required OBLISERV are not eligible for transfer to a special program. Retain member on board and send an unsuitability report to NAVPERSCOM (appropriate code) via message.

f. COs shall ensure members are qualified. The CO's signature on Exhibit 1, of the NAVPERS 1306/92 is the endorsement.

(1) Report Suitability/Unsuitability determinations utilizing Exhibit 2 and;

(2) Submit a waiver if warranted, utilizing Exhibit 3.

4. **Waivers**. Special screening qualifications are required for all special programs; however, waivers are granted on a case-by-case basis.

a. With the exception of security clearances and prerequisite training required for personal safety, waivers of published requirements will be considered if the member has exceptional potential for success in a given program.

b. Waivers are submitted to NAVPERSCOM (applicable Code or specified special program manager).

c. Supporting documentation and the CO's endorsement should accompany all waiver requests.

d. Use the message format in Exhibit 3 for waiver messages.

NOTE: Several qualifications will indicate non-waiverable. These requirements cannot be waived for that specified program.

5. **Unsuitable After Transfer to a Special Program.** After a member has been transferred to a special program and has been determined unsuitable due to no fault of the member (i.e. medical, program disestablishment, etc.), the member will be released back to their rating detailer via message to NAVPERSCOM (PERS-40 and rating detailer).

a. Negotiations with member and detailer for reassignment will occur for the remainder of the prescribed sea/shore tour (if member is within 12 months of completion of Normal Shore Tour, the member will return to sea duty).

b. If the reassignment is the fault of the member, then the member will be reassigned by the in-rate detailer based on requisition priority.

6. **Special Programs Screening Deficiency Report (SPSDR).** Exhibit 3 provides the format for submitting a SPSDR. This message is used to report discrepancies discovered as a result of the screening, conducted by the transferring command. It is sent to the transferring command info NAVPERSCOM (PERS-4010 and applicable detailer).

EXHIBIT 1

| SPECIAL PROGRAM SCREENING FORM | | |
|--|--|--|
| SUPPORTING DIRECTIVE MILPERSMAN 1306-900 | | |
| RATE/RANK: | NAME: | |
| SSN: | PROPOSED DETACHMENT DATE: | |
| PROPOSED PROGRAM/DUTY STATION: | | |
| SECTION A: GENERAL CRITERIA | | |
| | | INTERVIEWER'S INITIALS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Within the past 36 months, has member been found unsuitable or disqualified for any previous special program(s)? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention and promotable or higher for advancement for the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Has member had any NJP, courts-martial, civil conviction, or significant involvement with civil authorities within the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Has member had any alcohol related incidents in the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Has member had any involvement with illegal drugs in the past 36 months? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Has member signed the required OBLISERV for this program? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. Is member currently within height, weight, or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)? | |
| HT WT BF | INCHES POUNDS % | |
| PERSONNEL OFFICER'S NAME AND RANK: | | PERSONNEL OFFICER'S SIGNATURE: DATE: |
| SECTION B: MEDICAL/DENTAL SCREENING | | |
| | | INTERVIEWER'S INITIALS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Has member completed required medical screening for this program? If "no", will the gaining MTF accept? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Is member in proper dental class for PCS transfer? | |
| MEDICAL OFFICER'S NAME AND RANK: | | MEDICAL OFFICER'S SIGNATURE: DATE: |
| DENTAL OFFICER'S NAME AND RANK: | | DENTAL OFFICER'S SIGNATURE: DATE: |
| SECTION C: FINANCIAL/COMMAND MASTER CHIEF SCREENING | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable? | |
| COMMAND FINANCIAL SPECIALIST'S NAME AND RANK: | | COMMAND FINANCIAL SPECIALIST SIGNATURE: DATE: |

EXHIBIT 1 CONTINUED

| SPECIAL PROGRAM SCREENING FORM (CONTINUED) | | |
|---|---|-----------------------------------|
| <small>SUPPORTING DIRECTIVE MILPERSMAN 1306-900</small> | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO This member meets requirement and assignment to Special Programs and is appropriate. | | |
| COMMAND MASTER CHIEF NAME AND RANK: | COMMAND MASTER CHIEF SIGNATURE: | DATE: |
| SECTION D: ADDITIONAL REQUIREMENTS (AS APPLICABLE) | | |
| | | INTERVIEWER'S INITIALS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Does member have required NEC/School/ASVAB for this program? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Does member have required security clearance? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Does member have valid driver's license? | |
| State: | License Number: | Expiration Date: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Has member completed swim qualification for this program? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Does member have visible tattoos? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Has member completed one successful tour working in rate? | |
| COMMAND CAREER COUNSELOR'S NAME AND RANK: | COMMAND CAREER COUNSELOR'S SIGNATURE: | DATE: |
| Master Training Specialist/Senior Enlisted Instructor Recommendation: <i>(Include a personal interview statement from a Master Training Specialist or Senior Enlisted Instructor.)</i> | | |
| | | |
| MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR NAME AND RANK: | MASTER TRAINING SPECIALIST/SENIOR ENLISTED INSTRUCTOR SIGNATURE: | DATE: |
| <small>ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment to Special Programs.</small> | | |
| MEMBER'S NAME AND RANK: | MEMBER'S SIGNATURE: | DATE: |

EXHIBIT 1 CONTINUED

SPECIAL PROGRAM SCREENING FORM (CONTINUED)

SUPPORTING DIRECTIVE MILPERSMAN 1306-900

COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

☐ YES ☐ NO 1. Are there any other compelling reasons why servicemember should not be transferred?

Initial certification upon receipt of orders.

RE-CERTIFICATION WITHIN FIVE WORKING DAYS OF TRANSFER. MEMBER CONTINUES TO MEET ALL REQUIREMENT. INITIALS BELOW ARE REQUIRED.

☐ APPROVAL ☐ DISAPPROVAL

_____ FINAL APPROVAL _____ FINAL DISAPPROVAL

Command Endorsement: (A summary statement evaluating the applicant is required. Provide written recommendation from Commanding Officer indicating member's potential to perform and excel in an instructor billet.)

☐ APPROVAL ☐ DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBER'S SERVICE RECORD.

NAME AND RANK:

SIGNATURE:

DATE:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DELAY IN RESPONSE TO, OR DISAPPROVAL, OF YOUR REQUEST.

EXHIBIT 2

SPECIAL PROGRAM SUITABILITY/UNSUITABILITY REPORT

(Use proper message format containing the following:)

FM TRANSFERRING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS40/PERS (DETAILER)//
EPMAC NEW ORLEANS LA (ONLY FOR NON-RATED SN, FN, AN)//47//
INFO INTENDED GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/SPECIAL PROGRAM SUITABILITY (OR UNSUITABILITY), ICO NAME,
RATE, SSN//
REF/A/DOC/NPC/DATE//
REF/B/GENADMIN/ORIGINATOR/DDHHMMZMMYY// (IF APPLICABLE)
NARR/REF A IS MILPERSMAN ARTICLE 1306-XXX, REF B IS WAIVER
REQUEST (IF APPLICABLE).//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. IAW REF A AND B, SNM IS SUITABLE (OR UNSUITABLE) FOR
_____ PROGRAM.
A. REASON FOR UNSUITABILITY: (EXPLAIN WITH SPECIFIC
DETAILS).
B. REPORT OF SUITABILITY WAS FILED IN SERVICE RECORD.
C. SNM HAS ___ MONTHS OF OBLISERV FOR SPECIFIED PROGRAM.//

EXHIBIT 3

SPECIAL PROGRAM WAIVER REQUEST

(Use proper message format containing the following:)

FM REQUESTING COMMAND
TO COMNAVPERSCOM MILLINGTON TN//PERS40/PERS (DETAILER)//
EPMAC NEW ORLEANS LA (ONLY FOR NON-RATED SN, FN, AN)//47//
INFO INTENDED GAINING ACTIVITY//JJJ//
BT
UNCLAS //N01300//
MSGID/GENADMIN/REQUESTING CMD/-/MMM//
SUBJ/SPECIAL PROGRAM WAIVER ICO NAME, RATE, SSN//
REF/A/DOC/NPC/DATE//
AMPN/REF A IS MILPERSMAN ARTICLE 1306-900.//
POC/NAME/RATE/UNIT IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**
RMKS/1. IAW REF A, REQUEST A WAIVER FOR SNM FOR THE
_____ PROGRAM.
A. SECTION __, ITEM NO ____ (FROM SPECIAL PROGRAM SCREENING
FORM)
B. EXPLAIN/SPECIFICS
2. CO'S JUSTIFICATION/RECOMMENDATION: (3 LINES MAX)//

EXHIBIT 4

SPECIAL PROGRAM SCREENING DEFICIENCY REPORT (SPSDR)

(Use proper message format containing the following:)

FM
TO
INFO
BT
UNCLAS //N01300//
MSGID/GENADMIN/(receiving cmd)//
SUBJ/SPECIAL PROGRAM SCREENING DEFICIENCY REPORT ICO
NAME/RATE/SSN//
REF/A/DOC/COMNAVPERSCOM/DATE//
AMPN/REF A IS MILPERSMAN ARTICLE 1306-XXX.//
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// (MANDATORY)
RMKS/1. IAW REF A, THE FOLLOWING IS SUBMITTED DUE TO IMPROPER
SPECIAL PROGRAM SCREENING FOR (list program title):
 A. MEMBER: NAME, RATE/RANK, AND SSN
 B. WAS SCREENING FORM FILED IN SERVICE RECORD? GIVE
NAME/RANK/TITLE/DATE OF INDIVIDUAL SIGNING SCREENING FORM.
 C. TRANSFERRING COMMAND AND UIC.
 D. EXPLAIN FULLY THE REASON SNM IS CONSIDERED IMPROPERLY
SCREENED.
 E. IF SNM WAS PROPERLY SCREENED, DID PROBLEMS DEVELOP
AFTER ARRIVAL? EXPLAIN FULLY.
 F. IS SNM CONSIDERED MARGINALLY UNSUITABLE BUT COULD
CONTINUE SPECIAL PROGRAM DUTY? EXPLAIN FULLY.
 G. ARE DISQUALIFYING FACTORS SO SEVERE THAT SNM SHOULD BE
REASSIGNED? EXPLAIN FULLY.//

**NOTE: This report is sent to the transferring command info
COMNAVPERSCOM (PERS-4010 and applicable detailer).**